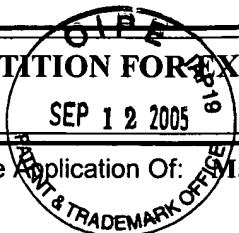
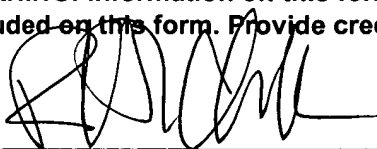
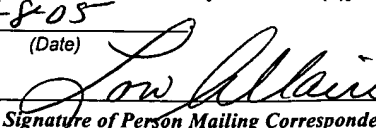


<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div> PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity) </div> </div>					Docket No. NIDN10520DIV	
In Re Application Of: Martin M. Browne						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/654,362	09/03/2003	Nathan J. Newhouse	36335	3727	4211	
Invention: Cap for Container						
COMMISSIONER FOR PATENTS: This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>May 18, 2005</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div> <p>The requested extension is as follows (check time period desired):</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div> <input checked="" type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months </div> <div style="margin-top: 10px;"> from: <u>August 18, 2005</u> until: <u>September 18, 2005</u> <div style="display: flex; justify-content: space-around; font-size: x-small;"> Date Date </div> </div> </div> <p>The fee for the extension of time is \$120 and is to be paid as follows:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 502-665 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 502-665 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 45%;">  <div style="text-align: center; font-size: x-small;">Signature</div> </div> <div style="width: 45%; text-align: right;"> Dated: <u>SEP 8, 2005</u> </div> </div> <div style="margin-top: 20px;"> Robert F. Chisholm Reg. No. 39,939 Amersham Health, Inc. 101 Carnegie Center Princeton, NJ 08540 (609) 514-6905 </div>						
09/13/2005 YPOLITE1 00000038 502566 10654362 02 CC:1251 120.00 DA CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>9-8-05</u> <div style="text-align: center; font-size: x-small;">(Date)</div> <div style="text-align: center;">  Signature of Person Mailing Correspondence Lori Allaire Typed or Printed Name of Person Mailing Correspondence </div>			